## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

2 LOBBYISTS (Sec. 67-6619)

Page of THIS SPACE FOR	Page(s
------------------------	--------

2001 JAH 30 PILIZ: 37

		(Type or print cl See instructions									11/2	F.417	Yh Ve	
Lobbyis		permanent busine					D	ate p	repared			Period o	covered	
James Hoover 2636 Southwest Brooklane Drive Corvallis, OR 97333							01/17/2006				(Mo.)	year endi (Day) 31	(Yr.) 2005	
Item	Totals	of all reportab	ie exp	enditures made or	incu	irred by Lobb	yist (	or by	Lobbyist's Empl	oyer o	behalf o	of Lobby	yist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel * Total A		otal Amount for	Ite	m 3, at bottom	of p	ge.)	buted by each emp							
Do	Not Have to b	e Reported	1 in Lampioyers		Employer No. 1		. I	Employer No. 2		Employer No. 3		lo. 3	Employer No. 4	
Entertainment Food and Refreshment		<b>\$</b> _	0.00	\$ .	0.	00	\$ .		<b>s</b> _			\$		
Living	Accommod	ations	0.00		_	0.	00	_						
Advert	ising		_	0.00	_	0.	00	_						
Travel			_	0.00	0.0		00	_		l				
Teleph	опе		_	308.00	308.0		00	l _		l				
Other Expenses or Services		_	52.00	52.0		00	۱_							
		Total	s_	360.00	\$ _	360.	00	\$.	0.00	<b>  s</b> _	(	0.00	\$	0.00
•		• •	•	re reporting for requ							<u> </u>	hould be	entered on Pa	ige 1.
Item 2	The totals Date	of each expend	iture	of more than fifty Place	dolla		legis noun					Public Of	ficials in Gro	
				riace		^_	HOUS		rumos	- Langie	idiois & I	done or	notate in Gre	<u></u>
	N/A													
	Continued on	attached page(s)	)						1					
1	,	INST	ruc	TIONS				em 3	Employer(s) Name(s) and Address(es)					
	o should fil 6617 Idaho		ny lo	bbyist registered	unde	r Section	No.	<sub>1</sub> Ва 40	yer Corp. Pha 0 Morgan Lan	arm. [ ie, W	Div, Bay est Hav	yer He ven, C	althCare T 06516	LLC
Fili	ng deadline	: Annual rep	ort is	due on January 3	lst.		No.	2						
TO BE FILED WITH:						$\vdash$							· · · · · · · · · · · · · · · · · · ·	
Ben Y sursa Secretary of State PO Box 83720					No.3									
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4								

ltem 4	perso	nai prop	erty to any Legis	lator, or for or on behalf of		gislator.		ey or other tangible or intangible			
	D	ate	Amount		Name of Legislator Receiving or Benefited						
	N/A										
Item				tion, the number of the Senate registative activity in which		LEGISLATIVE SUI	NECT	IDENTIFICATION			
5			as supporting or o			Subject	Code	Subject			
Subject (from			esolution or Other ive Ident, Number	Appropriation Bill Number and Section Number	01	Agriculture, horticulture, farming, and livestock Amusements, games, athletics	17	Health service, medicine, drugs and controlled substances, health insurance, hospitals			
17		S	CR 118		03	and sports Banking, finance, credit and	18 19				
17 17	- 1	8	HB 1 SB 1101		04	investments Children, minors, youth,	20	Insurance (excluding health insurance)			
17		5	SB 1419		05		21	Labor, salaries and wages, collective bargaining			
					06 07	Ecology, environment, pollution, conservation, zoning, land and	22	Law enforcement, courts, judges, crimes, prisons License, permits			
					08 09		24 25	Liquor Manufacturing, distribution and services			
					10	political parties Equal rights, civil rights,	26	Natural resources, forest and forest products, fisheries, mining			
					11	minority affairs Government, financing, taxation, revenue, budget,	27 28	and mining products Public lands, parks, recreation Social insurance, unemployment			
					12 13		29	insurance, public assistance, workmen's compensation			
					14 15	Government, municipal Government, special districts	30	Transportation, highways, streets and roads Utilities, communications,			
					16	Government, state		televisions, radio, newspaper, power, CATV, gas Other (please specify)			
							_/	1			
				4		Lobby ist signature	21	1/27/2000 Date			
					é	Employer No. 1 signature		)   19   Q6			
						Employer No. 2 signature		Date			
				above is a true, complete and		Employer No. 3 signature		Date			
orrect s	talemen	it in acco	rdance with Section	67-6624 Idaho Code.		Employer No. 4 signature		Date			